

REQUEST TO RESCIND PARKING TICKET

NAME: _____

TICKET NUMBER _____

ADDRESS: _____

PHONE NO.: _____

DATE OF OFFENSE: _____

OFFICER NO.: _____

For Handicapped Parking Requests: Please attach a copy of your Placard or Handicapped Registration to this Request. Without a copy of the Placard or Handicapped registration attached, your request may not be granted.

REASON FOR REQUEST TO RESCIND PARKING TICKET (Attach your ticket to this request and return to the Waterville Police Department, 10 Colby St., Waterville ME 04901):

[illegible]

SIGNATURE: _____

DATE: _____

For Office Use Only:

Rescind approved ☐

Rescind denied ☐

William L. Bonney, Deputy Chief of Police

Date _____